

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA7496SW 190-997
RDK

This certificate, issued to Hoxie Flying Service, Inc.
Route 2, (Hicks Strip)
Walnut Ridge, AR 72476

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part CAM 8 of the Federal Aviation Regulations.

Original Product — Type Certificate Number: 1A16
Make: Schweizer
Model: G-164, G-164A, G-164B and G-164C

Description of Type Design Change:

Installation of Hoxie Flying Service Arkansas exhaust clamps, Drawing No. 190-627-1 and 190-627-2 in accordance with Hoxie Flying Service, Inc. instructions dated December 10, 1987, or later approved revisions.

Limitations and Conditions:

The Arkansas exhaust clamps are eligible for the above models equipped with Pratt & Whitney R1340 engines only. Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: September 13, 1988 *Date reissued:*

Date of issuance: October 12, 1988 *Date amended:*



By direction of the Administrator

for L. B. Andriesen *(Signature)*
Manager, Rotorcraft Directorate,
Aircraft Certification Service
(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____